

GRANT AWARD MODIFICATION

FORM 223 (REV. 8/04)

MAIL TO: OES CRIMINAL JUSTICE PROGRAMS
PO BOX 419047
RANCHO CORDOVA, CA 95741-9047

(1) RECIPIENT	<input type="checkbox"/> NEW	(4) CONTACT PERSON	(8) GRANT PERIOD
(2) ADDRESS		(5) E-MAIL ADDRESS	(9) GRANT AWARD NUMBER
(3) PROJECT TITLE		(6) PHONE NUMBER	(10) MODIFICATION NUMBER
		(7) FAX NUMBER	

(11) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION (ENTER ACRONYM)				PROPOSED CHANGE (ENTER ACRONYM)				REVISED ALLOCATION (ENTER ACRONYM)			
A. PERSONAL SERVICES												
B. OPERATING EXPENSES												
C. EQUIPMENT												
TOTAL												

(12) JUSTIFICATION FOR MODIFICATION

(13) LOCAL APPROVAL SIGNATURES			
PROJECT DIRECTOR	DATE	FINANCIAL OFFICER	DATE

(14) OES APPROVAL SIGNATURES			
PROGRAM STAFF	DATE	SECTION CHIEF	DATE
FISCAL	DATE	DEPUTY DIRECTOR	DATE

FORM 223 INSTRUCTIONS

GENERAL INSTRUCTIONS – This form must be used for the following types of modification requests:

- Budget Revisions
- Increases/Decreases to Grant Funds
- Reporting Project Income
- Change in Program Objectives
- Grant Extensions
- Sole Source Requests
- Change of Project Director or Financial Officer
- Change in Mailing Address

1. **RECIPIENT:**
Enter the recipient name as it appears on line #1 of the approved "Grant Award Face Sheet".
2. **ADDRESS:**
Enter the permanent mailing address where the recipient payments are to be mailed. Enter an "X" in the "NEW" box if there is a change in the address.
3. **PROJECT TITLE:**
Enter the project title as it appears on the approved "Grant Award Face Sheet".
4. **CONTACT PERSON:**
Enter the person to be contacted regarding questions on this form.
5. **E-MAIL ADDRESS:**
Enter the e-mail address for the contact person.
6. **PHONE NUMBER:**
Enter the phone number for the contact person.
7. **FAX NUMBER:**
Enter the fax number for the contact person.
8. **GRANT PERIOD:**
Enter the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" or as revised by an approved grant award amendment.
9. **GRANT AWARD NUMBER:**
Enter the recipient award number as it appears on line #6 of the approved "Grant Award Face Sheet".
10. **MODIFICATION NUMBER:**
Enter the number of this request. Each modification must be consecutively numbered starting with #1.
11. **REVISION TO BUDGET:**
If this modification affects the budget, enter the acronym (see chart below) for the Federal grant OR State program to which the modification applies in the column heading. Enter the current allocation, proposed change, and revised allocation amounts in the applicable Federal or State columns.

FEDERAL PROJECT ACRONYMS

BVPP	Bulletproof Vest Partnership Program	FSIA	Forensic Sciences Improvement	MCP	Mentoring Children of Prisoners	VAWA	Violence Against Women Act – Services*Training* Officers*Prosecutors(STOP)
BYRN	Byrne State / Local Law Enforce Assist	FSID	Forensic Sciences Improvement Discretionary	PSNC	Project Safe Neighborhood - Central	VOCA	Victims of Crime Act
CJAS	Child Justice Act	FVPS	Family Violence Preventive Services	PSNN	Project Safe Neighborhood - Northern		
DVCV	Rural Domestic Violence / Child Victim	LLEB	Local Law Enforcement Block Grant	RSAT	Residential Sub Abuse Treatment		

STATE PROGRAM ACRONYMS

CCA	Career Criminal Apprehension	EMT	Evidentiary Medical Training	PPD	Public Prosecut/Defend - Fund 0241	SHO	Serious Habitual Offender
CCR	Community Crime Resistance	FV	Family Violence	RCP-GF	Rape Crisis Program-Gen Fund	VDI	Vertical Defense of Indigents
CHSP	Cold Hit Special Project	GVS	Gang Violence Suppression	RCP	Rape Crisis Program - Fund 0425	VLRC	Victims Legal Resource Center
CSAE	Child Sexual Abuse / Exploitation	HTT	High Technology Theft	RLCP	Rural Crime Prevention	VPBG	Vertical Prosecution Block Grant
CSAP	Child Sexual Abuse Prev/Training	HY	Homeless Youth	RP	Rape Prevention	VWA	Victim Witness Assistance
DASS	Drug Abuse Suppression in Schools	LFLIP	Local Forensic Lab Improvement Program	RPED	Rape Prevention - Education	WOM	War on Methamphetamine
DV	Domestic Violence	MAGE	Multi-Agency Gang Enforcement			YET	Youth Emergency Telephone
		PPD-GF	Public Prosecut / Defend - Gen Fund				

12. **JUSTIFICATION FOR MODIFICATION:**
Explain the need for this modification. If requesting a revision to the budget, be specific of the funding source. If additional space is required, please attach an additional sheet.
13. **LOCAL APPROVAL SIGNATURES:**
Original signatures of the Project Director and the Financial Officer as shown on the "Grant Award Face Sheet" are required on all modification requests.
14. **OES APPROVAL SIGNATURES:**
For OES internal use only.